

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HW273108**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>		
NAME (LAST - FIRST - M.I.) <b>MORSI, MICHELLE G</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>8310 S KERFOOT AVE</b> <b>CITY</b> <input checked="" type="checkbox"/> <b>CHICAGO</b> <b>STATE (If outside Chicago)</b> <input type="checkbox"/> <b>LOCATION CODE</b> <b>092-ALLEY</b> <b>BEAT OF OCCURRENCE</b> <b>0622</b> <b>DATE OF OCCURRENCE</b> <b>13-MAY-2013</b> <b>TIME</b> <b>21:14:00</b> <b>DAY OF WEEK</b> <b>MONDAY</b> <b>NO. OF OFFICERS BATTERED</b> <u>1</u> <b>WERE THERE ASSISTING UNITS ON SCENE?</b> 1. <input type="checkbox"/> YES      2. <input checked="" type="checkbox"/> NO <b>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)?</b> <u>  </u>		
STAR NO. <b>4176</b>	POSITION <b>POLICE OFFICER</b>			
DATE OF APPOINTMENT <b>27-MAR-2006</b>	EMPLOYEE NO. [REDACTED]			
UNIT OF ASSIGNMENT <b>006</b>	BEAT/CALL NO. <b>0622</b>			
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]		
HEIGHT <b>503</b>	WEIGHT <b>125</b>			
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>				
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS  How many?  <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
<b>TYPE OF ACTIVITY</b>				
<input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN  <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input checked="" type="checkbox"/> B. VEHICLE  <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> 1. BLUNT INSTRUMENT <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____		
<input type="checkbox"/> K. OTHER		<b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
<b>OFFENDER INFORMATION</b>				
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <b>15-JUN-1974</b>		
CB NO. <b>18658106</b>	IR NO. _____			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN				
NO. OF OFFENDERS PRESENT? <u>2</u>				
<b>LIGHTING CONDITIONS AT INCIDENT</b>		<b>WEATHER CONDITIONS</b>		
A. DAYLIGHT	D. DUSK	A. CLEAR	D. FOG / SMOKE / HAZE	G. OTHER
B. NIGHT	E. ARTIFICIAL LIGHT	B. RAIN	E. SLEET / HAIL	
C. DAWN	1. POOR	C. SNOW	F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>58°F</u> <i>LOG 1062377</i>				

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

REPORTING MEMBER - SIGNATURE  
**MEDRANO, PATRICK J**

STAR NO.  
**878**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**SEARS, MARGARET A**

**396**